SUAREZ OPTICAL
Providing Eye Care For Your Family
Since 1971

8100 SW 24 St | Miami, FL 33155 | P 305-265-7676 | F 305-265-5276
www.suarezoptical.com | suarezoptical@gmail.com

AUTHORIZATION TO SEND PRESCRIPTION FOR GLASSES,

CONTACT LENS, MEDICATION, AND/OR MEDICAL

RECORDS ELECTRONICALLY.

PATIENT NAME_____

DATE OF BIRTH_____

I authorize Suarez Optical to send my prescription for glasses, contact lenses or medications as well as any medical records, past, present, and/or future electronically to the following email address:

EMAIL_____

Patient or Legal Representative Signature_____

Print Patient Name or Legal Representative/Relationship_____

Date_____